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BIBDATASHEET**CONFIRMATION NO. 1358**

Bib Data Sheet

SERIAL NUMBER 09/994,320	FILING DATE 11/26/2001 RULE	CLASS 604	GROUP ART UNIT 1641	ATTORNEY DOCKET NO. 06570/002002
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APPLICANTS

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**** CONTINUING DATA *******
 This application is a CIP of 09/921,179 08/02/2001 PAT 6,554,809
CE

**** FOREIGN APPLICATIONS *******
CE (none)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **** SMALL ENTITY ****
**** 12/31/2001**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance met <i>[Signature]</i> Examiner's Signature Initials	STATE OR COUNTRY TX	SHEETS DRAWING 14	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 4
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TITLE
 Medical needle

FILING FEE RECEIVED 464	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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